

MULTIPLE DEPENDENT CLAIM

FEE CALCULATION SHEET

(FOR USE WITH FORM PTO-875)

SERIAL NO.

10586382

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2						
3						
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13	8					
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18	1					
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23	1					
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25	8					
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50						
TOTAL IND.	5	↓		↓		↓
TOTAL DEP.	21	←		←		←
TOTAL CLAIMS	26					

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						